ANGELA B. BATESON, DDS

GENERAL DENTISTRY 1400 S. Main Street, Findlay, Ohio 45850 419-425-0303 www.batesondds.com BatesonDentistry@gmail.com

CHILD'S INFORMATION			
Your child	FIRST MI		Date
LAST	FIRST MI	I (PREFERRED NAME)	
Birth date	Gender: DMale DFe	emale Child's Social Security #	
Phone (home)	School	I	Grade
Preferred method to notify you of your child's appointments 🔲 Home 🗳 Work 🖾 Cell 🖾 E-Mail 🖾 Text Message			
Preferred appointment times	Morning Afternoon Ex	vening 📮 Any Time Preferred appt. day	ys ⊒M ⊒ T ⊒W ⊒Th ⊒F
Child's home address			
	STREET	AF	PARTMENT #
	CITY	STATE	ZIP CODE
Emergency contact:	NAME / RELATIONSHIP)	PHONE
MEDICAL & DENTAL HEALTH INFORMATION Date of last dental visit Reason for that visit:			
Has your child ever had any of the following? Please check all that apply:			
If yes, please explain	Medical History continued Excessive bleeding Eye disorders Handicaps/disabilities Hay fever Head injuries Heart disease Heart murmur / mvp Hepatitis / jaundice Immune disorders Kidney disease Latex allergy Liver disorders y complications following dental		 Bleeding gums Bleaching treatment Blisters / sores on lips Clench / grind teeth Mouth breathing Severe gag reflex Suck / bite lip Suck thumb / finger Wisdom teeth removed
 If yes, please explain			
If yes, please explain			
Name of physician Phone			
Prescribed medications:			
Has your child had orthodontic treatment? Yes No If so, when?			